

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ■ DIVISION OF EMPLOYMENT SECURITY  
**SEPARATION NOTICE**



1. Employee's Name: William L Whited 2. SSN \_\_\_\_\_  
First Middle Initial Last  
3. Last Employed: From: 08/31/70 to 08/30/16 Occupation: General Manager  
(mm/dd/yy) (mm/dd/yy)  
4. Where was work performed? 1211 Hartsville Pike Gallatin, TN 37066

5. Reason for Separation: ☐ Lack of Work ☒ Discharge ☒ Quit

If lack of work, indicate if layoff is ☐ Permanent ☐ Temporary - Recall Date \_\_\_\_\_  
(mm/dd/yy)

If temporary, report any vacation pay that will be paid. Week Ending Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(mm/dd/yy)

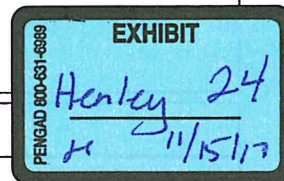
If layoff is indefinite vacation pay should not be reported.

6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

If other than lack of work, explain the circumstances of this separation:

Involuntary Separation. mm  
8.31.16



Employer's Name: <u>WestRock</u>	
Address where additional information may be obtained: <u>1211 Hartsville Pike Gallatin, TN 37066</u>	Employer's Telephone Number: <u>(731) 784-7035</u>
	Employer's E-Mail Address: <u>melinda.mcgraw@westrock.com</u>

Employer's Account Number: \_\_\_\_\_ (Number shown on State Quarterly Wage Report (LB-0851) and Premium Report (LB-0456))

I certify that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official or Representative of the Employer  
who has first-hand knowledge of the separation

Melinda K McGraw

Title of Person Signing

HR Mgr

Date Completed and Released to  
Employee

08/30/16  
(mm/dd/yy)

**NOTICE TO EMPLOYER**

Within 24 hours of the time of separation, you are required by Rule 0800-09-01 of the Tennessee Employment Security Law to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a time sensitive request for separation information for the same information please give complete information in your response.

**NOTICE TO EMPLOYEE**

IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BY TELEPHONE OR INTERNET YOU MAY BE INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO THE TENNESSEE CLAIMS CENTER. IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS IN-PERSON PLEASE TAKE THIS NOTICE TO THE LABOR AND WORKFORCE DEVELOPMENT OFFICE.